

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90058 032 \*\*\*\*61.25

**DOCUMENT # N94000003468**

1. Entity Name

**KNIGHTSBRIDGE VILLAGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**J & L PROPERTY MGMT., INC.  
10191 SAMPLE ROAD, SUITE 203  
CORAL SPRINGS FL 33065  
US**

Mailing Address

**J & L PROPERTY MGMT., INC.  
10191 SAMPLE ROAD, SUITE 203  
CORAL SPRINGS FL 33065  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0579423**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**CALDERAZZO  
CALDOMOZZO, JAMES  
10191 W. SAMPLE RD  
SUITE 203  
POMPANO BEACH FL 33065**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
JAEGER, PHILIP A  
4861 NW 115TH AVE.  
CORAL SPRINGS FL 33076 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
ROLLO, LINDA  
4726 NW 115TH TERRACE  
CORAL SPRINGS FL 33076 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
DIPTEE, DONNA  
4714 NW 115TH TERRACE  
CORAL SPRINGS FL 33076 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
MILLER, RENE  
11464 NW 49TH DRIVE  
CORAL SPRINGS FL 33076 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GORDON, CHRISTINE  
4753 NW 115TH AVENUE  
CORAL SPRINGS FL 33076 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
VICKERS, NEVILLE  
4745 NW 115TH TERRACE  
CORAL SPRINGS FL 33076 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JACK FALIK  
11453 NW 48TH COURT  
CORAL SPRINGS, FL 33076 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **RENE MILLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/04 954-346-0708**

Date

Daytime Phone #